

Quality Metrics Subcommittee Meeting Summary  
December 10, 2014

Attendees

**Dr. Janice Gomersall**, Community Physicians Group, Mountain View Family Medicine and Obstetrics  
**Kristen Pete**, Glacier Medical Associates  
**Janice Mackensen**, Mountain Pacific Quality Health Foundation  
**Jo Thompson**, Montana Medicaid  
**Todd Harwell**, Montana Department of Public Health  
**Paula Block**, Montana Primary Care Association  
**Dr. Pat Morrow**, BCBS of MT  
**Dr. Helgerson**, Montana Department of Public Health  
**Dr. Larry Severa**, Billings Clinic  
**Craig Hepp**, Billings Clinic  
**Dr. Rob Stenger**, Grant Creek Family Medicine, Providence Medical Group

CSI Staff

Amanda Roccabruna Eby  
Cathy Wright  
Christina Goe

The subcommittee could not meet for longer than one hour on this day, so they decided to move the January meeting up earlier and extend it for two hours. The next subcommittee meeting would be on January 7<sup>th</sup> from 12:00-2:00 pm.

The meeting focused discussion on four recently updated documents by Dr. Helgerson at public health. The documents reviewed included the following: 1- Draft Reporting Form, 2- Guidance (Table 1), 3- Data Dictionary, and 4- Sampling Strategy. The meeting also included discussion on acceptable file formats.

Comments on the Draft Reporting Form:

- Move #6 up to the top of the form (practice contact information)
- Clarify wording on 3 and 4 (regarding numerators and denominators)
  - 4- specify that both systolic and diastolic should be under 90
- Add numerator and denominator clarifications/labels to each number on the form
- A1c, not A, C (typo)
- "Counseling" should be changed to "intervention"

Comments on Table 1, pages 4-5 of the Guidance:

- Each different PQRS reporting mechanism requires different labels/fields, even if the PQRS measures being reported on are the same. Therefore, some practices may have more difficulty than others, even if the state measures are aligned with PQRS measures.
- Would M or F work for male/female, or would practices have to re-program their computer/EMR to adapt to the reporting guidelines?
- Billings Clinic is used to changing formats of metrics for various reporting requirements.
- CSI should send the revised guidance from Dr. Helgerson out to 1-2 of each of the following types of PCMHs for review: hospital system, independent clinic, CHC; and each should be on a different EMR.

#### Comments on the Data Dictionary:

- In regard to the childhood immunizations measure, attendees expressed the need for an option to report refusal by parents that will not immunize their children even if it was communicated or attempted by the provider and there is not a medical contraindication.
  - The group decided unanimously that there should be an “R” option for refusal.

Dr. Helgerson agreed to make all the edits discussed in the meeting and send the revised documents to Amanda for her to distribute to practices to review and provide feedback.

#### Discussion on acceptable file formats:

Subcommittee members had been asked in advance to submit sample reports run from their EMR to consider in the meeting for compatibility to the draft guidance. Glacier Medical Associates and Providence Medical Group had submitted sample reports that the subcommittee reviewed.

- Glacier Medical Associates explained that they have built structured, searchable data fields for tobacco counseling notation, and they will probably have to do the same for childhood immunizations but are not sure if they will be able to do it for this first report.
- Community Medical Physicians Group explained that their IT people can write specific “crystal” reports whenever they want and they end up looking like excel spreadsheets. Monida recently pulled blood pressure reports from all providers using NextGen EMRs, and these reports also looked like excel spreadsheets.
- Billings Clinic explained that their biggest difficulty in pulling reports is immunizations. They regularly run reports for all of their providers that have all of their patients with hypertension, showing whether their hypertension is in or out of control.
- Public Health proposed creating a spreadsheet with the variables requested for CSI to ask the practices to complete.
  - Providence opposed this idea because that is what they do for BCBS and it is way to difficult to fill out a spreadsheet given to them, they would much rather create their own spreadsheet according to a prescribed format.
  - BCBS providers upload their document through a secure provider portal.
  - CSI and DPHHS commented that they providers could also submit reports to CSI through the State of Montana secure file transfer system.

#### Comments on the Sampling Strategy:

This discussion was brief and will have to be continued at the next meeting. The only suggestion made was for further clarification for practices that have less than 400 patients with a particular diagnosis.